

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4013

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>76</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> | | | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | | | d. STREET ADDRESS (If rural, give location) <u>402 S. Decatur</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>BESSIE</u> | | a. (First) | | b. (Middle) <u>GOLDEN</u> | | c. (Last) | |
| 4. DATE OF DEATH <u>Jan 24, 1950</u> | | (Month) | | (Day) | | (Year) | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>3 March 1913</u> | |
| 9. AGE (in years last birthday) <u>37</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u> | | 11. BIRTHPLACE (State or foreign country) <u>Clinton, Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jessie Nolan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ernest Golden</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Golden</u> ADDRESS <u>Malden, Missouri</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Intestinal Obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>(supplementary report)</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>1-24, 1950</u> , to <u>1-24, 1950</u> , that I last saw the deceased alive on <u>1-24, 1950</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Markel M. S.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Missouri</u> | | 23c. DATE SIGNED <u>1-23-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 26, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb 15-1950</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 429 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace R. Knight</u> | | ADDRESS <u>Malden, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 REC'D

250-95

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wallace R. Knight

Licensed Embalmer No. _____

4514

P. O. Address

Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.